## THE STATE OF NEW HAMPSHIRE JUDICIAL BRANCH

http://www.courts.state.nh.us

Cou	irt Name:							
Cas	e Name:	Estate	e of					
Case Number:			MOTION TO F	PROVE WILL I	BY DEPOSITION	ON		
1.	Petitioner Name		Telephone					
	Mailing Address							
	Petitioner Name				٦	Telephone		
	Mailing Address							
2.	Attorney Name				Telephone			
	Mailing Add	dress						
3.	Deceased N	Name .			[	Date of Death _		
	Residence (city or town)							
4.	Witness to be deposed							
		-						
5.	Other subso	cribing	witnesses					
	•	` ,	request(s) that				•	
			c, whose mailing a					
	• •		ioner to take the c This witness is beir	•	•		i to the	
Date	Date				Petitioner Signature			
Date					Petitioner Signature	)		
				ORDER				
	Appointment and authorization to take the deposition is granted.							
	Appointment and authorization to take the deposition is denied.							
Date					Judge			